

LETTER OF AGREEMENT For Participating Employees

Welcome to the Washington State Lifelong Learning Account Program. The LiLA Program can help you establish savings accounts for career-related education and training.

Under the LiLA Program established by your employer, you're eligible to establish a LiLA account and use your accumulated LiLA funds for Approved Education or Training Activities. (see Section 12 of the LiLA Program Guidelines). As part of the LiLA Program, you have agreed to make a minimum contribution of \$20 per month (\$240 minimum annual contribution) to your LiLA account. Your employer has agreed to provide a minimum match of \$20 per month (\$240 minimum annual contribution: see Form D for amount). Both you and your employer **MAY** contribute more than \$20 per month to your LiLA account. However, your employer has the right to set a limit on annual contributions greater than the required minimum match of \$240.

If you choose to close your LiLA account at any time, only those funds that you personally contributed to your account will be returned to you if they have not been used for approved education or training purposes.

I. PROGRAM MANAGEMENT

The Association of Washington Business's (AWB) Education Foundation is the fiscal agent for the LiLA Pilot Program, and The Workforce Training and Education Coordinating Board (Workforce Board) manages the program. As fiscal agent, the AWB Education Foundation serves as trustee for all employee and employer contributions and will provide quarterly statements for all employer and employee accounts. The Workforce Board will *assist you with*:

- Enrolling in the LiLA program.
- Developing your Career Development Plan.
- Reaching your Career Development Plan goals by meeting with you periodically to discuss your progress and providing you with information about education and training options.
- Reviewing your requests for payment of education and training expenses to ensure they are consistent with your Career Development Plan and meet LiLA program guidelines.
- Authorizing payments for approved education and training activities.

II. EMPLOYEE RESPONSIBILITY

To participate in the LiLA Program, you must agree to the following terms and conditions:

- *I authorize* Association of Washington Business (AWB) to:
 - Open a LiLA account in my name at West Coast Bank, Olympia, WA and agree to provide AWB with all documentation necessary to open my account. I further authorize AWB to supply information about me to West Coast Bank for the purpose of opening a LiLA account. I understand that AWB will not release any of my information except with my permission or as required by law.

- Be the custodian of my LiLA account and have access to all my account activity information.
- Withdraw funds from my LiLA account to pay for approved education or training activities.
- *I authorize* my employer to deduct a minimum of \$20 per month (\$240 minimum annual contribution) from my wages and deposit such funds into my LiLA account.
- *I understand* that I must contribute at least \$20 per month to my LiLA account from “Date of Enrollment” in the LiLA Program, or until I successfully complete my Career Development Plan goals. I further understand that my employer has the right to determine and set any amount they will match over and above the minimum employer contribution of \$20 per month (\$240 minimum annual contribution).
- *I agree to:*
 - Complete and submit Parts 1 and 2 of my Career Development Plan within three months of my Date of Enrollment in the LiLA Program (see Section 7 of the LiLA Program Guidelines).
 - Participate in the evaluation of the LiLA Program, by completing periodic surveys and interviews. I agree to participate in a focus group at a mutually agreeable time.
 - An understanding that LiLA funds may only be used for Approved Education or Training Activities consistent with my Career Development Plan. I agree to follow LiLA Program Guidelines for requesting payments for Approved Education or Training Activities.
 - Satisfactorily complete any education or training activity for which LiLA funds are used, and I agree to provide PMWC with proof of satisfactory completion of training within 45 days after the training was completed.
 - Agree that if I do not satisfactorily complete an approved education or training activity, I reimburse my LiLA account for the full amount of any LiLA funds withdrawn.
 - Provide AWB and Workforce Board with updated information in the event I change my employer, address, phone number, or contact information.
 - An understanding that I can earn and use matching funds only while employed by a business or organization participating in the LiLA Program. If I leave my current employment and begin working for another LiLA participating employer, I can transfer my LiLA account, along with any matching funds accrued to that date, to my new employer’s LiLA Program. If I begin employment with an employer that does not participate in the LiLA Program, any “Unused LiLA Funds,” (see Section 18 of the LiLA Program Guidelines), I have personally contributed to my LiLA account can remain in that account until such time that I wish to withdraw any or all of the funds I have contributed.
 - An understanding that LiLA contributions made for my benefit by my employer may be discontinued at any time with or without notice. In the event that my employer withdraws from the program, I will have the option of continuing in the LiLA Program and will be able to use matched employer LiLA contributions made prior to the employer’s withdrawal.
 - Participation in the LiLA Program does not constitute a contract of employment and is not an inducement to commence or continue employment.
 - An understanding that I should consult a personal tax advisor with any tax-related questions regarding LiLA funds.

I understand and agree that AWB and Workforce Board will terminate my participation in the LiLA program if *I fail to*:

- Complete a Career Development Plan within three months of Date of Enrollment;
- Submit proof of satisfactory completion of a class or other educational activity for which LiLA funds have been used;
- Repay my LiLA account for educational or training activities that are not satisfactorily completed; and
- Adhere to program guidelines.

I have received a copy of The Program Guidelines:

Signature _____

Date _____

III. TERMINATION

In the event that I am required to leave the LiLA Program, I understand that I will only be reimbursed for funds I have personally contributed to my LiLA account, and that I shall have no right or claim to any funds contributed to my LiLA account by my employer. I further understand that LiLA funds will be returned to me only after I complete a termination form.

IV. ACCEPTANCE

I have reviewed the LiLA Program Guidelines and the foregoing document and understand their contents, and agree to adhere to the terms and conditions described therein:

Employee printed name _____

Employee signature: _____ Date _____

V. RELEASE

I do hereby release and forever discharge and hold harmless the Association for Washington Business (AWB), Workforce Education and Training Coordinating Board (Workforce Board), and its directors, officers, employees, agents, successors, and assign from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise, or may hereafter arise in any way, from my participation in the Lifelong Learning Account Program.

Employee signature: _____ Date: _____

LiLA Program Administrator signature: _____

Mike Brennan